


# ATTN: BRN REQUEST

<b>To:</b> Orthopedic Central Intake	<b>From:</b>
<b>Organization:</b> Regional Coordination Centre 	<b>Phone:</b>
	<b>Fax:</b>
<b>Fax:</b> Local 519-621-8688 Toll-free 1-844-237-5240	<b>Date:</b>
Number of pages, including this sheet:	

To Orthopedic Central Intake Referral Administrator,

We are requesting a BRN for a referral sent outside the standardized process. Attached is a copy of the original referral or a document including the required information:

- original referral date
- consulting provider information
- consult date
- problem area
- patient demographics

This patient has bypassed the OAC and was sent directly to us for a consult, due to the exclusion criteria below:

- Mild or no OA
- Condition poses an immediate threat to the patient's role and independence
- Patient had a previous assessment less than 1 year ago
- Patient had a prior joint replacement
- Patient has an open WSIB case
- Referral was from another orthopedic surgeon
- OAC indicated the patient was not a candidate
- Other: \_\_\_\_\_

Thank you.

Orthopedic Office